	Number Filed	Number Extra	Rate	Calculations
Total Claims	-20 =		x \$18.00 =	S
Independent Claims	3 =		x \$80.00 =	\$
MULTIPLE DEPEND	DENT CLAIMS		+ \$270.00 =	\$
NON-ENGLISH SPE	CIFICATION	BASIC FEE	,	\$ 710.00 \$ 130.00
		Total of above Calcula		5
To the exent not tendeded by check arthorization of given to charge any lees where 37 CFN 16 and NV during paddency of the application, or to credit any overpayment, to Deposit Account to 06-1373. Duplicate copy of this letter is enclosed.				
EDISHAME MOLECUCAN LANGER & CANCAL D.C.				

FRISHAUF, HOLTZ, GOODMAN, LANGER & CHICK, P.C.

By: Leonard Holtz, Rose No. 22,974

12/99 LH:bv